



Long Term Care Coordinating Council

Regular Meeting

May 12, 2010

10:00 am

United Way Conference Center

50 Valley Street

Providence, RI

AGENDA

Present:

Lt. Governor Roberts
Bonnie Larson
Sharon Kernan
Rick Baccus
Ray Rusin
Jim Flanagan
Elena Nicolella
Holly Garvey
Kathleen Heren
Maureen Maigret
Jill Anderson
Cynthia Conant-Arp

Paula Parker
Roberta Merkle
Karen Amado
Chris Fierro
Jim Nyberg
Craig Stenning
Robert DiCenso
Virginia Burke
Tommy DeAlmeida
Marie O'Loughlin Jenkins
Jennifer Wood
Dakota Gruener

1. Call to Order

The Lt. Governor extended the thanks of the Council to the United Way of Rhode Island, 211 and The Point for their hospitality in hosting the meeting in the United Way Conference Center.

2. Approval of Minutes

The April 7, 2010 minutes of the Council were reviewed and unanimously passed.

3. Report of Nursing Home Deficiencies Monitoring, Ray Rusin, Department of Health

Ray Rusin, reported that there were two substandard citations based on surveys in this review period, at Mt. St. Rita and Riverview but that on monitoring in six follow ups all was found to be in substantial compliance. During this period there were 14 on site abbreviated visits conducted resulting in two citations (Steere House, Providence for pressure ulcer and Summit Commons on an issue not related to the earlier pressure ulcer citation at this facility. He also reported that the Department is engaged in a complaint investigation on the new issue at Summit Commons and that while this has not been fully resolved a solution is emerging which is likely to result in the engagement of a patient safety organization, outside consulting and implementation of an electronic medical record for the facility. A compliance order will be developed.

Of ten facilities that are in a monitoring status three are reaching the three year mark in monitoring (Bethany, Watch Hill and Pawtuxed Village) and these are in full compliance.

The Lt. Governor mentioned that she will be reaching out to the Department of Health and RIEMA to discuss a work group relating to sheltering protocols for special populations (elderly, people with disabilities, other). This will be discussed more fully at the next LTCCC meeting.

4. Discussion of Shared Living Program, Sharon Kernan, RI Department of Human Services

A. Presentation: Sharon Kernan and the RI Department of Human Services made a presentation regarding the newly implemented Shared Living Program. The population that this program will serve is

- Seniors over 65
- Adults with disabilities

The focus of the program is to provide a home setting with a compensated caregiver for an individual (adult with disabilities or senior) who needs support to live in the community. There are two approaches, either the individual who needs support can move into the home of a caregiver or the caregiver can move into the home of the individual who needs support. This provides an alternative to institutional care for those determined to need DHS designated “high” or “highest” level of care and may present an alternative for appropriate people to a nursing home, assisted living, or intensive home and community based services in their own home.

There are two entities that have been approved through a competitive procurement process to provide this service – the Homestead agency and

Caregiver Homes of RI. Both of these agencies have experience providing this service in Massachusetts. One agency also has experience providing similar services in the context of Rhode Island's MR/DD program.

The agencies were selected based on a rigorous screening which included input from the Director of MHRH, which has been operating shared living homes for quite a while. These agencies were determined to be experienced and up to the task of assuming the significant responsibilities that shared living imposes on the provider of service.

The agency supervising shared living is responsible to:

- Recruit, screen, select and train caregivers
- Develop the service and safety plan for each enrollee in the program
- Provide ongoing support and training to caregivers
- Submit all required reports to DHS
- Respond to DHS monitoring and oversight requirements

DHS makes the determination of which Medicaid eligible Rhode Islanders are clinically at the "high" or "highest" level of need and also makes all financial eligibility determinations. DHS will review service and safety plans developed by the caregiver organizations.

Programs of this sort are available in approximately 30 states including all New England states except Connecticut.

In the Rhode Island program caregivers may be relatives (in Mass about 80% of shared living caregivers are relatives) but only if the relative is not legally financially responsible for the person needing care – in other words the compensated caregiver cannot be a spouse or legally financially responsible relative.

Each Shared Living program provider agency will retain an RN as part of the care team to provide training for caregivers in clinical issues (i.e. diabetes maintenance etc.) The experience in other states has shown that caregivers particularly appreciate this supportive role of the provider agency.

Caregivers provide a variety of assistance including such basic help as assisting with meals, other ADLs, providing transportation and socialization. The RI program will encourage participation for people enrolled in shared living in adult day care – with Medicaid funding.

DHS has developed a fee structure for caregivers and the shared living provider agencies. The agency receives a monthly administrative fee per client and the caregiver receives a monthly stipend. Respite services may be accessed by caregivers and respite providers are being recruited for this population. The stipend to caregivers is segmented into four levels depending on the needs of the client and the participation in such other program as adult day care.

Clients may also enroll in this program on a cost share basis depending upon income and resources.

B. Council Discussion: Council members asked questions and voiced concerns about this program. Issues discussed including:

1. The level of qualifications of agency staff who will support caregivers in the home? [Case managers will be bachelor level or higher and employed by the agency, nurses will be on staff at agency to support caregivers.]
2. How caregivers will manage clients medical needs and particularly medication needs? [Like in most home settings, clients may be prompted and reminded about medication and otherwise supported in ways that do not violate nursing scope of practice laws nor controlled substance/medication laws and regulations. These issues must be specifically addressed in service and safety plans.]
3. How will advocacy for clients enrolled in shared living and oversight of the shared living homes be provided? [The DEA Ombudsperson is exploring this issue and will work with DHS to meet to review this program and what role the Ombudsperson office should take regarding advocacy and oversight for this population.]
4. Can respite for caregivers take the form of temporary respite placement in a facility? [DHS has not sorted this out yet – there are complex payment issues in terms of how their payment system is programmed that will effect the implementation of payment for respite services. This is under development.]

C. Other agency experiences: Director Stenning provided an overview of the experience of developmentally delayed Rhode Islanders, many of whom have been enrolled in shared living over a period of years. The program has grown from 50 enrollees to over 160 now. The program has been largely

successful despite having to overcome some barriers like the stigma that some families associate with having to turn to a “stranger” to provide a home for their family member with a disability. These issues notwithstanding the program is growing and robust.

D. Next steps: It was discussed that this program is in launch mode but no clients have yet enrolled and thus there is time to work out some of the questions and concerns voiced by Council members.

Sharon Kernan will supply the program standards to the Lt. Governor’s office so that they can be disseminated to Council members to help all better understand the specifics of the program and how it will continue in development. Council members who have additional questions and concerns should contact Sharon and her colleagues regarding the specific implementation of the program.

5. Discussion of Agency Budget Initiatives

Director Nicolletta provided a budget update for DHS:

- End of year budget closeout - Drug rebate changes will likely enable the agency to end FY2010 without additional general revenue. The outlook for this was positive at the caseload estimating conference. FY 2011 projections are still being reviewed.
- Waiver update – acuity adjustment remains a hot topic – DHS will be issuing a report on this to the House/Senate finance committees this week or next and continuing communication is ongoing with nursing homes on this issue.
- Flood update – DHS fiscal agent lost their office space during the flood – although functionality has been restored (payment of claims, provider relations, eligibility determinations) this has been a setback to the data warehouse implementation – it is hoped that it will be fully operational before the end of May.
- DHS is pursuing an initiative specific to meeting the LTC needs of individuals with TBI and will begin a collaboration with the Department of Defense on TBI initiatives beginning in 2011.
- DHS has been focusing on financial incentives for electronic health record adoption. In January 2011 this incentive under federal law begins. The RIQI and DOH are involved with DHS in this adoption process.
- Topics for upcoming LTCCC meetings were suggested: (1) RIQI

- Beacon Communities grant targeted at supporting primary care through EMR implementation and (2) EMR for long term care.
- In 2010 nursing home days were flat – DHS had anticipated a decrease in nursing home days – but didn't see the decrease that had been hoped for due to a projected general downward trend plus specific initiatives to transition individuals out of nursing homes and into the community. Instead of the projected 3% decrease the days were flat and thus the actual experience was higher than projected.
 - For FY2011 a slight decrease in days had been projected – but because of the aging population and economic recession – people are spending down faster – the projection is now for another flat year rather than the hoped for reduction – and an increase is expected on the hcb side.
 - A concern of implementing the waiver had been that the balance of 50/50 would be achieved not by reducing nursing home placements but by increasing community placements to match existing levels of nursing home placements. During FY 2011 efforts will be made to increase community placements by increasing payment rates for adult day/assisted living/PACE etc. and connecting primary care with long term care – putting in place shared living and other strategies.
 - It is believed that there is still room for transition and diversion and that initiatives will need to be further developed. Assisted living expenditures have gone up \$600K for example and work is being done to enhance rates for assisted living – particularly as it relates to the needs of persons with dementia etc.
 - Nursing home in Coventry has developed capacity for ventilator dependent patients – this was previously unavailable

The Lt. Governor asked that each agency prepare to present budget trends to the LTCCC once the budget process has come to a close – specifically a presentation of caseload trends looking at such budget drivers as:

- Hospital cost including “DSH”
- Long term care costs including:
 - Nursing homes
 - Hospice
 - Copayments for dually eligible individually served in nursing homes
 - Home and community based service payments
 - Managed care payments
 - Rhody Health

- Pharmacy
- Other medical costs
- Number of providers and numbers enrolled in assisted living
- Number of people with Medicaid in assisted living – a shift of clients or an add?
- Implementation of Perry-Sullivan requirements

6. New Business

Paula Parker announces that the AOA (Administration on Aging) has distributed food cards and personal needs gift cards – to replace food and personal needs for seniors affected by floods. These went to CAP agencies in the most severely impacted areas as the CAPs are “on the ground” and aware of elders. The Point also has been instrumental in helping flood affected seniors with applications for help etc.

Announcements:

- Generations Annual Event – November 17 – Greenhouse speaker
- Coffee exchange tomorrow morning – Generations

7. Public Comment

8. Adjourn

Next Meeting June 9

United Way of Rhode Island is accessible to persons with disabilities. Individuals requesting interpreter services for the hearing impaired or needing other accommodations, please call 401-222-2371 and ask for Jennifer Wood or email Ms. Wood at jwood@ltgov.state.ri.us.